

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036526

Entity Name: WEST VOLUSIA PEDIATRICS, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

809 N. STONE STREET  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

809 N. STONE STREET  
DELAND, FL 32720

**New Mailing Address:**

FEI Number: 26-2437292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, MICHAEL C  
809 N. STONE STREET  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

REINERTSEN, JEFFERY S  
809 N. STONE STREET  
DELAND, FL 32720 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFFERY S. REINERTSEN, MD

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BELL, MICHAEL C  
Address: 809 N. STONE STREET  
City-St-Zip: DELAND, FL 32720

Title: MGR ( ) Delete  
Name: REINERTSEN, JEFFREY S  
Address: 809 N. STONE STREET  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REINERTSEN, JEFFERY S  
Address: 809 N. STONE STREET  
City-St-Zip: DELAND, FL 32720

Title: MGR (X) Change ( ) Addition  
Name: BELL, MICHAEL C  
Address: 809 N. STONE STREET  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFERY S. REINERTSEN, MD

MGR

04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date